

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/511883	FILING DATE
APPLICANT(S)		

CLAIMS	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3				1		
4				1		
5				1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
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TOTAL IND.			1			
TOTAL DEP.		12				
TOTAL CLAIMS		13				

CLAIMS	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			1			
TOTAL DEP.		12				
TOTAL CLAIMS		13				